

SENATE BILL REPORT

SB 5500

As Reported by Senate Committee On:
Health & Long-Term Care, February 05, 2009

Title: An act relating to the screening for and reporting of methicillin- resistant staphylococcus aureus in Washington hospitals.

Brief Description: Concerning methicillin-resistant staphylococcus aureus.

Sponsors: Senators Keiser, Pflug, Franklin, Parlette, Murray and Kohl-Welles.

Brief History:

Committee Activity: Health & Long-Term Care: 2/04/09, 2/05/09 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Becker, Fairley and Parlette.

Staff: Edith Rice (786-7444)

Background: Methicillin-Resistant Staphylococcus Aureus (MRSA) is a drug-resistant form of the common staph germ. It can survive on many surfaces and is commonly found on the skin. It is spread by physical contact and can enter the body through cuts and breaks in the skin. The bacteria can develop into serious and life threatening infections of the blood, heart, and bones. Severely ill patients are the most vulnerable to serious MRSA infections. The majority of individuals with MRSA acquire it in a hospital setting. MRSA rates in Washington have increased significantly in hospital and community settings.

Governor Gregoire directed the Department of Health to convene a Scientific Expert Panel to answer the following question: “What are evidence-based recommendations for the most effective monitoring strategies and interventions for all antibiotic resistant organisms, including MRSA?”

This expert panel made several monitoring recommendations in its report from January 2008. The first two monitoring recommendations are:

- conduct standardized, hospital-based surveillance to prevent transmission of multidrug-resistant organisms among high risk patients for that hospital; and

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- conduct voluntary, sentinel surveillance to include community-associated MRSA and reporting of results through state and local health.

The expert panel made a total of 10 recommendations divided between monitoring and intervention strategies.

Summary of Bill: A hospital MRSA risk assessment and surveillance program is established. Hospitals will screen patients upon admission and discharge from intensive care units for a three-month period each year. If the hospital transmission rate exceeds two cases or five percent of ICU admissions, the hospital will continue to screen ICU patients and report to the department quarterly until the hospital transmission rate is less than two cases or five percent of the ICU admissions for two consecutive quarters. Hospitals will inform patients with positive screening results and will provide education and counseling on treatment and prevention. Physicians, physician assistants, or advanced registered nurse practitioners who complete a certificate of death must note the presence of MRSA if it is a cause or contributing factor in a patient's death.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We are in agreement that it's important to do a risk assessment and screen at the ICU. We need to use evidence-based measures, and MRSA is not the only drug resistant pathogen. There should be a coordinated approach between hospitals and community settings.

Persons Testifying: PRO: Dr. Tom Dellit, Harborview Medical Center; Will Shelton, Swedish Medical Center; Lisa Thatcher, Washington State Hospital Association; Jude Van Buren, Washington State Department of Health.